

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name _____ Street _____ City _____ County _____ State _____ Zip _____ SIC Code _____ Dun & Brad Number _____		Owner/Operator Name Name _____ Phone () _____ Mail Address _____ Emergency Contact Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____ Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	
	FOR OFFICIAL USE ONLY		<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">ID # _____</div> <div style="border: 1px solid black; padding: 2px;">Date Received _____</div>	

Important: Read all instructions before completing form	Reporting Period From January 1 to December 31, 19 ____	<input type="checkbox"/> Check if information below is identical to the information submitted last year.
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Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	<div style="display: flex; flex-direction: column; align-items: center;"> Container Type Pressure Temperature </div>	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	Optional																														
CAS _____ Trade Secret _____ Chem. Name _____ <i>Check all that apply</i> <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____	<table border="1" style="width:100%; height: 100px;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																															_____ _____ _____ _____ _____	<input type="checkbox"/>
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Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. <div style="display: flex; justify-content: space-between;"> Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed _____ </div>	Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguards measures
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